BCPharmaCare Newsletter *March 20, 2008 Edition 08-002*

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BIOLOGICS FOR ANKYLOSING SPONDYLITIS AND PSORIATIC ARTHRITIS

—Now available as Limited Coverage Drugs through the PharmaCare Special Authority Program

Ankylosing Spondylitis

Pharmaceutical Services Division is pleased to announce that, effective **March 14, 2008**, adalimumab (Humira®), etanercept (Enbrel®) and infliximab (Remicade®) became eligible for PharmaCare coverage through our Special Authority Program for the treatment of ankylosing spondylitis subject to established criteria.

Coverage will be available for the following dosing frequencies:

- Adalimumab—40 mg every 2 weeks
- Etanercept—25 mg twice weekly or 50 mg weekly
- Infliximab—3 mg/kg at 0, 2 and 6 weeks, then every 8 weeks thereafter. Renewal coverage—3 to 5 mg/kg every 8 weeks.

All requests for ankylosing spondylitis drugs must be submitted by a rheumatologist. All criteria and forms are available in the Special Authority section of our website at www.health.gov.bc.ca/pharme/.

Please note that Special Authority coverage cannot be provided retroactively and that actual coverage is subject to the patient's usual PharmaCare plan rules, including any deductible requirement.

The use of PharmaNet is not intended as a substitute for professional judgment. Information on PharmaNet is not exhaustive and cannot be relied upon as complete. The absence of a warning about a drug or drug combination is not an indication that the drug or drug combination is safe, appropriate or effective in any given patient. Health care professionals should confirm information obtained from PharmaNet, and ensure no additional relevant information exists, before making patient care decisions.

Psoriatic Arthritis

Effective **March 14, 2008**, infliximab (Remicade®) became eligible for coverage as a Limited Coverage Drug through our Special Authority Program for the treatment of psoriatic arthritis subject to established criteria.

Coverage is available for the following dosing frequencies:

Initial coverage—3 mg/kg at 0, 2 and 6 weeks, then every 8 weeks thereafter

Renewal Coverage—3 to 5 mg/kg every 8 weeks.

Please note that adalimumab (Humira®) and etanercept (Enbrel®) for psoriatic arthritis are already covered for patients who meet the PharmaCare Special Authority criteria.

All requests for psoriatic arthritis drugs must be submitted by a rheumatologist. All criteria and forms are available in the Special Authority section of our website at www.health.gov.bc.ca/pharme/.

Please note that Special Authority coverage cannot be provided retroactively and that actual coverage is subject to the patient's usual PharmaCare plan rules, including any deductible requirement.

MODIFICATION OF SPECIAL AUTHORITY FORMS FOR RHEUMATOID ARTHRITIS

We have modified the Special Authority forms for rheumatoid arthritis. Only two forms are now required:

HTLH 5345 Rheumatoid Arthritis–Initial Coverage or Switching Coverage for 1 year, and

HLTH 5354 Rheumatoid Arthritis–Renewal Coverage for 1 year or indefinite, depending on dosing.

Criteria and forms are available in the Special Authority section of our website at www.health.gov.bc.ca/pharme/.

PHARMACEUTICAL SERVICES—ANNUAL PERFORMANCE REPORT FOR 2006

Available online now...

The year 2006 brought notable progress on many key projects and the initiation of new endeavours. Much of this work was evaluative, focusing on examination of the robustness of current programs and policies.

We also examined our broader role in British Columbia's health care system to see how we could most fully support the Ministry of Health's vision of a health system that supports people to stay healthy and, when they are sick, provides high quality, publicly-funded health care services that meet their needs.

To access this 'online-only' report, please visit the publications page of our website at www.health.gov.bc.ca/pharme/publications.html

SPECIAL SERVICES FEES

The number of Special Services fees paid by PharmaCare over the past twelve months are:

Feb 2008	2,241	Aug 2007	3,110
Jan 2008	2,393	Jul 2007	3,073
Dec 2007	3,623	Jun 2007	3,200
Nov 2007	3,782	May 2007	3,385
Oct 2007	3,747	Apr 2007	2,861
Sep 2007	3,091	Mar 2007	3,135

BCPharmaCare Newsletter *March 26, 2008 Edition 08-003*

EXPANDED COVERAGE OF DRUG TREATMENTS FOR CHRONIC HEPATITIS B

Effective **March 27, 2008**, Pharmaceutical Services Division is offering:

- extended PharmaCare Special Authority coverage for lamivudine (Heptovir®) and interferon alfa-2b (Intron A®); and
- new Special Authority coverage for adefovir (Hepsera®—DIN 2247823) and entecavir (Baraclude®—DIN 2282224).

All medications will be Limited Coverage Drugs and approval is subject to specific criteria. Please note that:

- all physicians can prescribe these medications and request Special Authority coverage for patients; and
- only faxed or mailed requests can be accepted as lab results are required.

Coverage cannot be provided retroactively and is subject to the patient's usual PharmaCare plan rules, including any deductible requirement.

The full criteria for adefovir and entecavir is listed on the two-page Special Authority form (HLTH 5372). This form replaces the existing request forms for lamivudine and interferon alfa. It includes sections for initial and renewal coverage and is available on the PharmaCare website at www.health.gov.bc.ca/pharme/sa/criteria/formsindex.html.

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BC PharmaCare Newsletter *April 24, 2008 Edition 08-004*

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PHARMACARE TO COVER TRAVEL/VACATION SUPPLIES

As of **May 1, 2008**, PharmaCare will cover out-of-province travel supplies of medication.

>> see page 2 for more information.

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BRITISH COLUMBIA

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PHARMACARE TO COVER TRAVEL/VACATION SUPPLIES

As of **May 1, 2008**, PharmaCare will cover out-of-province travel supplies of medication.

Until now, pharmacists were required to indicate on a claim if the drug was intended as a travel supply. If so, PharmaCare did not cover costs that would otherwise have been eligible under the patient's plan(s).

Under the new travel supply policy, PharmaCare will cover travel supplies up to the usual PharmaCare maximum days' supply for the drug.

Information for pharmacists

How does the change affect a patient planning to travel outside B.C.?

- If a patient has less than a two week supply on hand:

The patient does not need to advise you that their medication will be used as an out-of-province travel supply. They are automatically eligible for coverage of the PharmaCare maximum days' supply subject to rules of their PharmaCare plan, including any deductible requirement. No special documentation of the claim is necessary.

- If a patient has more than a two week supply on hand:

When a patient has more than a two week supply on hand, PharmaNet normally refuses coverage of the claim. Under the new policy, once every 6 months (180 days), a patient can ask for an out-of-province travel supply. The pharmacist can then enter an intervention code to prevent the PharmaNet "fill-too-soon" response and allow a top-up to the PharmaCare maximum days' supply to be eligible for coverage. Please see the additional information below about dealing with the "fill-too-soon" response.

What is the usual maximum days supply?

PharmaCare covers 30-day supply of medications intended for short-term use (such as narcotics, anti-fungals, antibiotics, etc.).

For long-term medications, PharmaCare covers a 30-day supply for the initial fill and a 100-day supply for subsequent fills.

Travel Supplies and the "fill-too-soon" limit

What do you mean by 'top-up'?

For example, if a patient still has a 15-day supply of an anti-fungal medication, an additional 15 days' supply would be eligible for coverage if you use the intervention code for a travel supply. If a patient still has a 20-day supply of a blood pressure medication, an additional 80-day supply would be eligible for coverage.

What if a patient wants more than the top-up?

Patients can purchase as much medication as their prescription allows—the PharmaCare maximum days supply only determines the days' supply that PharmaCare will cover. If a patient wants a larger supply, they will need to pay for the additional medication. This will be indicated by the response code. "**EH**-Claim cost reduced to days' supply limit."

The cost of additional medication does not count towards the patient's Fair PharmaCare deductible or family maximum.

Can I calculate a patient's remaining days' supply?

No. As indicated on the front of the Travel Declaration form, a pharmacist cannot determine the remaining days' supply. For this reason, we suggest patients request only the amount of medication needed for travel. If the request exceeds the remaining days' supply, the patient will be responsible for the balance of the cost. For patients with Fair PharmaCare coverage, only the portion of the claim eligible for coverage will count towards their deductible and/or family maximum.

continued on next page >>>

How do I manage the "fill-too-soon" limit for a patient requesting a travel supply?

If PharmaNet refuses coverage of a claim because the patient has more than a two-week supply of medication left, ask the patient if the medication will be used as an out-of-province travel supply.

If the fill is for travel purposes:

1. Ask the patient to sign a **PharmaCare Travel Declaration** form.
2. Reverse the claim and re-submit it with the intervention code "**MV** – Vacation Supply."

   The claim will adjudicate to allow coverage of a top-up to the PharmaCare maximum days' supply.
3. **Retain the signed Travel Declaration form** for audit purposes.

   Keep the form on file for the normal record retention periods specified by the College of Pharmacists of B.C.

Can I use the MV code with an additional intervention code?

When submitting a claim for a travel supply, using other intervention codes in addition to the MV code may result in unintended adjudication results. If you encounter a situation in which you are not sure which intervention code is appropriate, please contact the HelpDesk at Health Insurance BC. More detailed information is being prepared and will be posted on our website shortly.

Why can the intervention code for the fill-too-soon limit be used only once every six months (180 days)?

Pharmacists can already enter an intervention code for the fill-too-soon limit when circumstances warrant, however, PharmaCare policy allows use of the intervention code for a travel supply only once every six months. Allowing frequent use of intervention codes for the fill-too-soon limit would counteract its purpose—to protect British Columbians from the risks of having excess medication on hand. The risks include inadvertent use of a discontinued medication (and possible drug-to-drug interactions), harm to the environment from the unsafe disposal of excess medication, and waste of medications that are no longer needed.

What if a patient who will be travelling outside BC wants to fill multiple prescriptions and they have more than a 2-week supply left on several of them?

For all claims for travel supplies that encounter the fill-too-soon limit, submit the **MV** code.

If all the claims are submitted on one day, only one Travel Declaration form is needed to document all the claims.

If claims are submitted on different dates, only one Travel Declaration form is required for each date on which claims were submitted.

Can a patient choose not to have the claim flagged as a travel supply?

Yes. In this case, enter the claim with the intervention code "**DE** – Adjudicate to $.00 as requested." The patient will be responsible for the cost and, if they are on the Fair PharmaCare plan, the cost will not count towards their deductible and/or family maximum.

What about patients travelling within B.C.?

The MV intervention code can be used only for claims for those travelling outside B.C.

What about patients who are moving to another province?

There is no change to the current policy regarding coverage for non-residents. PharmaCare ceases to cover a person's medication as soon as they move outside B.C.

Can a parent or guardian complete the Travel Supply Declaration for a child's prescription?

Yes.

How do I order PharmaCare Travel Declaration forms?

A supply of forms has been mailed to each community pharmacy. Additional forms can be requested through Health Insurance BC.

UPDATE ON THE ALZHEIMER'S DRUG THERAPY INITIATIVE (ADTI)

Over 3,500 British Columbians are now receiving coverage of cholinesterase inhibitors through the ADTI. The questions and answers below may assist you in answering enquiries from your patients about this initiative.

What is the purpose of the initiative?

The initiative provides coverage of cholinesterase inhibitors for individuals diagnosed in the mild to moderate stages of Alzheimer's disease and is designed to gather previously unavailable clinical evidence on the effectiveness of these medications.

I'm already taking a cholinesterase inhibitor. Can I apply for coverage under the ADTI?

Yes. If you are already taking a cholinesterase inhibitor, you can participate in the Alzheimer's Drug Therapy Initiative if you meet the following criteria:

- you have PharmaCare coverage (i.e., are registered for Fair PharmaCare or covered under PharmaCare Plan B—Residential Care, or Plan C—Income Assistance recipients); and
- your physician submits a PharmaCare ADTI Special Authority request indicating you are in the mild to moderate stages of Alzheimer's disease.

Please note that PharmaCare coverage cannot be granted retroactively.

Who should I talk to if I am interested in participating?

You can discuss your eligibility with your physician.

What if I don't have PharmaCare coverage? Can I apply for it?

Yes. If you do not already have PharmaCare coverage, we encourage you to register for Fair PharmaCare.

Your pharmacy may be able to provide you with a brochure explaining Fair PharmaCare. Information is also available on PharmaCare's website at www.health.gov.bc.ca/pharme or by calling Health Insurance BC:

From Vancouver, call 604-683-7151

From the rest of B.C., call toll-free 1-800-663-7100

Why isn't PharmaCare providing coverage for my Alzheimer's prescription anymore?

Initial coverage under the Alzheimer's Drug Therapy Initiative is for six months from the date of approval. To continue coverage, a patient must be reassessed by their physician at least two to four weeks before the end of their initial coverage period to allow time for renewed Special Authority approval to be put in place.

To be eligible for coverage, Special Authority approval must be in place at the time your prescription is purchased. No retroactive coverage can be provided.

How can I tell when my PharmaCare coverage will expire?

Your pharmacist may be able to determine when your Special Authority coverage expires. If not, this information is available from your doctor's office or through Health Insurance BC at 1-800-663-7100.

How can I find out more about participating in the follow-up research studies?

Please call **1 866 511-2594 (ALZH)** for information on the follow-up studies being coordinated through the University of Victoria's Centre on Aging.

We recognize the important role pharmacists have in the care of their patients and appreciate your assistance in ensuring that everyone eligible for coverage of their Alzheimer's medication is given the opportunity to participate in this initiative.

For more information on the ADTI, including Frequently Asked Questions, please visit the website at: www.health.gov.bc.ca/pharme/adti/clinician/pharmacists.html.

METHADONE CLAIMS—REMINDER

Maximum daily fees

Please note that, when dispensing methadone under the PharmaCare Methadone Maintenance Program, methadone is subject to a maximum of one dispensing fee and one interaction fee per day (in cases where the interaction fee is applicable), *regardless of physician administration instructions on the prescription*.

Claims that do not involve direct interaction

Situations that do not involve direct interaction and are not, therefore, eligible for interaction fees include:

- dispensing to incarcerated patients or to patients in pre-trial facilities or to Plan B patients
- dispensing to physicians for administration to a patient
- daily pick-ups by patients without a pharmacist witnessing ingestion.
- dispensing of "carries" (Witnessing the ingestion and dispensing a carry must be submitted in a single claim.)

Methadone Product Identification Numbers

Methadone dispensed without direct interaction must be claimed under PIN 6699999**1**.

Methadone dispensed with direct interaction may be claimed under PIN 6699999**0**.

Please refer to the PharmaCare/PharmaNet Policies and Procedures Manual, Section 6.3.1, *Methadone Maintenance Program*, for more information on submitting methadone claims.